Name in Full

Certificate of Death

Omar Ayers

Died at Goldsboro (Town) Caroline (County) MARYLAND

Date 189 Month Oct Day 8 | Age Y. 3 M. 3 D. 0 | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Omar F. Ayers | Mother's Name Julia Rose

Cause of Death: Primary Tubercular Meningitis | How long sick 10 days

Immediate Exhaustion 1226 | ~~Accident, Suicide, Homicide~~

Reported by James E. Colley Jr. M.D.

Address Templeville Caroline Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 58068

Name in Full Mary F. Barrow

Certificate of Death

Died at Town Preston County Caroline MARYLAND

Date 1898 Month Oct. Day 13th

Age Y. 80 M. 6 D. -

Native of Dorchester Co. Occupation Lady

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced

Number of children living X

~~Husband~~ ~~Wife~~ of Henry Barrow

Father's Name — Stewart

Mother's Name —

Cause of Death: Primary — Arterio-Sclerosis. Not contagious. How long sick 8 days

Immediate — Cerebral Thrombosis — Softening of the brain.

Accident Suicide Homicide

Reported by J. R. Phillips M. D.

Address Preston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65365

Name in Full

Certificate of Death

Mrs. James Covey

Died at Town: Near Choptank County: Caroline MARYLAND

Date 1898 Month: Oct. Day: 29 | Age Y. 26 M. – D. – | Native of Talbot Co. Md. | Occupation Housewife

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of / Wife James Covey Jr. none

Father's Name ——— Mother's Name 121

Cause of Death — Primary: Brights disease in Preg. How long sick Not known

Immediate: Convulsions prior to labor Died in 15 hrs. Accident, Suicide, Homicide

Reported by J. R. Phillips

Address Preston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full

Certificate of Death

Lora E. Craft

Died at Choptank (Town) Caroline (County) MARYLAND

Date 1895 Month Oct Day 6 | Age Y. 23 M. D. | Native of Maryland | Occupation Farmer

Male ~~X~~ Female | White X Colored | Married X Single | Widow ~~X~~ Widower | Divorced | Number of children living 1

Husband / Wife of J M Craft — 87

Father's Name Thos Morgan | Mother's Name Laura Morgan

Cause of Death: Primary General Debility | How long sick five weeks

Immediate Hemorrhage, Bowels — | Accident, Suicide, Homicide

Reported by Geo G. Jones M.D.

Address Choptank Caroline Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full Jeanette Dulin

Certificate of Death

Died at Town Denton County Caroline MARYLAND

Date 189 5 Month Oct Day 22 | Age Y. 67. M. D. | Native of Denton | Occupation Housekeeper

~~Male~~ Female | White | Married | Single | Widow | Widower | ~~Divorced~~

Number of children living 2

Husband of Wife Thomas Dulin

Father's Name Allen Morgan

Mother's Name Mrs Ann Morgan

Cause of Death: Primary Phthisis-Pulmonalis 72 | How long sick 3 mos

Immediate [illegible] | Accident, Suicide, Homicide

Reported by James F Cooper

Address Denton Caroline Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. X Enoc George Md

of Denton Caroline Co Md

Seen by Coroner NS

of

Information contained in this certificate received from

of

Name in Full

Certificate of Death

James H. Garrett

Died ~~at~~ near Town Burrsville County Caroline MARYLAND

Date 1898 Month Oct. Day 20 | Age Y. 57 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 1

Husband ~~Wife~~ of Miss Thawley

Father's Name

Mother's Name

161

Cause of Death { Primary Complication of diseases } How long sick

{ Immediate } Accident, Suicide, Homicide

Reported by Denton Journal 10-22.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Sarah A. Hardesty

Died at Town: Burrsville County: Carroline MARYLAND

Date 189 Month: 10 Day: 28 | Age Y.: 62 M.: D.: | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

161

Cause of Death: Primary: Nervous Dyspepsia — How long sick

Immediate

Accident, Suicide, Homicide

Reported by Denton Journal 11-12

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706

Name in Full | Certificate of Death

Lewis Harper

Died at Town: Federalsburgh County: Caroline MARYLAND

Date 1898 Month: Oct Day: 30 Age Y. M. D.: 11 7 Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of ———

Father's Name: Elisha Harper Mother's Name: Annie Harper

Cause of Death: Primary 82 How long sick: 3 months

Immediate: Marasmus ~~Accident, Suicide, Homicide~~

Reported by: R K Jefferson Federalsburg Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65959

Name in Full | Certificate of Death

Jamie Kilson

Died ~~at~~ Town: Templeville County: Caroline MARYLAND

Date 1898 Oct. ~~17~~ 21 (Month, Day) Age Y. 10 M. 3 D. 10 Native of Md Occupation School girl

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Joseph H. Kilson Mother's Name Wilmina Hackett

Cause of Death: Primary Typhoid Fever 1 How long sick 16 da

Immediate Intestinal Hemorrhage ~~Accident, Suicide, Homicide~~

Reported by James E. Galley M.D.

Address Templeville Caroline Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Rebecca E. Pippin

Died at Town Greensborough, County Caroline, MARYLAND

Date 1898 Month Oct. Day 17. Age Y. M. D. Native of Occupation

Male White yes Married Widow yes Divorced

Female yes Colored Single Widower Number of children living

Husband of

Wife

229

Father's Name Mother's Name

Cause of Death: Primary — I know but very little concerning the deceased as she was a stranger to me & [illegible] How long sick

Immediate — another parish. I officiated in place of her Pastor who was absent at the time. Accident, Suicide, Homicide

OVER

Reported by Rev. Jack H. Webster,

Address Denton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70700

Attended by Dr. _____

of _____

The undertaker was _____

of _____

Information contained in this certificate received from Rev. Zack H. Webster,

of Denton, Md.

Name in Full Arthur Lyle Russell

Certificate of Death

Died at Town Denton County Caroline MARYLAND

Date 1898 Month Oct. Day 18 | Age Y. 6 M. 9 D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Arthur J. Russell

Mother's Name Sallie Russell

Cause of Death { Primary Diphtheria 8 d

How long sick

{ Immediate

Accident, Suicide, Homicide

Reported by Denton Journal 10-22.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068